



Requested Disposal Facility: 5007 C & C Landfill MI

Waste Profile #

Saveable fill in form. Restricted printing until all required (yellow) fields are completed

Sales Rep #.

I. Generator Information

Generator Name: USEPA/Portage Creek Allied Paper

Generator Site Address: Stockbridge Ave to Kalamazoo River

City: Kalamazoo

County: Kalamazoo

State: Michigan

Zip: 49001

State ID/Reg No:

State Approval/Waste Code:

(if applicable)

NAICS #:

Generator Mailing Address (if different): 77 W. Jackson Blvd, SE-5J

City: Chicago

County: Cook

State: Illinois

Zip: 60604

Generator Contact Name: Sam Borries

Email:

Phone Number: (312) 353-8360

Ext:

Fax Number: (312) 353-9175

IIa. Transporter Information

Transporter Name: Republic

Contact Name:

Transporter Address:

City:

County:

State:

Zip:

Phone Number:

Fax Number:

State Transportation Number:

IIb. Billing Information

Bill To: Environmental Quality Management

Contact Name: Mark Douglas

Billing Address: 1800 Carillon Blvd

Email: mdouglas@eqm.com

City: Cincinnati

State: OH

Zip: 45240

Phone: (513) 309-3062

III. Waste Stream Information

Name of Waste: Low Level PCB contaminated Soil

Process Generating Waste:

CERCLA site clean up of a creek contaminated from the paper mills. The creek has been sampled and divided into low level PCB(<50 ppm) and high level PCBs(>50 ppm).

Physical State: ☒ SOLID ☐ SEMI-SOLID ☐ POWDER ☐ LIQUIDMethod of Shipment: ☒ BULK ☐ DRUM ☐ BAGGED ☐ OTHER:

Estimated Annual Volume: 8,000 Tons

Frequency: ☒ ONE TIME ☐ ANNUALDisposal Consideration: ☒ LANDFILL ☐ SOLIDIFICATION ☐ BIOREMEDIATION**IV. Representative Sample Certification**☐ NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?

☒ YES or ☐ NO

Sample Date: 8-30-11

Type of Sample: ☒ COMPOSITE SAMPLE ☐ GRAB SAMPLE

Sample ID Numbers: DUI0058-02



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V. Physical Characteristics of Waste

Characteristic Components		% by Weight (range)			
1. Soil		90.000			
2. Debris (wood, concrete, glass, plastic, PPE, Trash)		10.000			
3.					
4.					
5.					
Color	Odor (describe)	Does Waste Contain Free Liquids?	% Solids	pH:	Flash Point
Brown	slight	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	100.00	5-10	>200 °F
Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile					
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and it epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm) [reference 40 CFR 261.23(a)(5)]?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste a reactive or heat generating waste?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does the waste contain sulfur or sulfur by-products?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste generated at a Federal Superfund Clean Up Site?					<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste from a TSD facility, TSD-like facility or waste consolidator?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No

VI. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither I nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

Authorized Representative Name/Title (Type or Print)

Company Name

Authorized Representative Signature

Date